

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-1-03.

### I. DISPUTE

Whether there should be reimbursement for CPT codes: 95900WP, 95904WP, 95935WP and 95860WP.

### II. FINDINGS & RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10-1-02	95900WP (2)	\$190.00	\$0.00	A	\$64.00/nerve X 2 = \$128.00	Rule 134.600(h)(6)	Test does not exceed the \$350.00 threshold; therefore, preauthorization was not necessary. MAR reimbursement of \$128.00 is recommended.
	95904WP (3)	\$285.00	\$0.00	A	\$64.00/nerve X 3 = \$192.00		Test does not exceed the \$350.00 threshold; therefore, preauthorization was not necessary. MAR reimbursement of \$192.00 is recommended.
	95935WP (2)	\$150.00	\$0.00	A	\$53.00/study on extremity		Test does not exceed the \$350.00 threshold; therefore, preauthorization was not necessary. Testing was on upper left extremity; therefore, MA reimbursement of \$53.00 is recommended.
	95860WP	\$150.00	\$0.00	A	\$113.00		Test does not exceed the \$350.00 threshold; therefore, preauthorization was not necessary. MAR reimbursement of \$113.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$486.00.</b>

### III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 95900WP, 95904WP, 95935WP and 95860WP in the amount of **\$486.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$486.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 4<sup>th</sup> day of February 2005.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division